MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4						
5		1				
6						
7		1				
8	1					
9		1				
10						
11						
12	1					
13		1				
14						
15		1				
16	1					
17		1				
18		1				
19		1				
20		4				
21		4				
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	26					
TOTAL CLAIMS	31					

			IND	DEP	IND	DEP	IND	DEP
51								
52								
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97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

$\frac{19}{5}$
$\overline{14}$

$\frac{19}{12}$
$\overline{31}$

$\frac{14}{12}$
$\overline{26}$